

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



July 20, 2005

ALL COUNTY INFORMATION NOTICE: I-42-05

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL COUNTY FISCAL OFFICERS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: APPLICATION FOR CHILD WELFARE SERVICES OUTCOME IMPROVEMENT PROJECT FUNDS

The California Department of Social Services (CDSS) is pleased to announce that the fiscal year (FY) 2005/2006 State Budget contains a unique funding opportunity for counties to use to improve outcomes for children in the Child Welfare Services program. This special funding is a new line item in the budget called the Child Welfare Services Outcome Improvement Project (CWSOIP). Funding from the CWSOIP is immediately available through a competitive application process to counties for safety, permanency, well-being and/or system improvements identified as a part of an approved county System Improvement Plan, county Self-Assessment and/or county Peer Quality Case Review, completed in accordance with the State Child Welfare Services Outcome and Accountability System (AB 636).

The CWSOIP funds, which do not require a county match, are intended to support county efforts to improve outcomes for children by providing counties with additional resources for activities such as: implementing new procedures, providing special training to staff or caregivers, purchasing services to meet unmet needs, conducting focused/targeted recruitment of caregivers or improving coordination between public and/or private agencies.

These funds are available on a competitive basis to all counties through the attached application process except the eleven pilot counties¹ that are implementing the child welfare service improvement pilots in safety, differential response and permanency/youth transitions. The eleven pilot counties received funding to operate their pilots during FY 2005/2006 through a separate allocation process. Counties are encouraged to review the attached criteria and to complete and submit the application to the California Department of Social Services by August 10, 2005. Please submit applications to the following address:

¹ Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama and Trinity.

ACIN: I-42-05
Page Two

California Department of Social Services
Children's Services Operations Bureau
744 P Street, Mail Station 3-34
Sacramento, California 95814
or

send electronically to chldserv@dss.ca.gov (signed application must be received by CDSS prior to final approval).

The CDSS will promptly review all applications in coordination with Child Welfare Director's Association and notify counties no later than August 24, 2005 of final funding decisions. If you have any questions, please contact your Children's Services Operations Bureau analyst at (916) 651-8100.

Sincerely,

WESLEY A. BEERS, Chief
Operations and Evaluation Branch

Attachments

Child Welfare Services Outcome Improvement Project

One time grants from the Fiscal Year 2005/2006 Child Welfare Services Outcome Improvement Project (CWSOIP) budget item will be allocated to counties based on applications approved by the California Department of Social Services that meet the following priorities using the evaluation criteria listed below. *(Note-in order to receive an allocation, counties must certify that they will fully expend their base CWS Allocation)*

Priorities:

Applications will be considered for all of the areas below, however if the total requests exceed available resources the following priorities will be utilized:

1. Safety-proposal will improve safety outcomes for children.
2. Permanence-proposal will improve permanency outcomes for children.
3. Well Being-proposal will improve well-being outcomes for children.
4. Systemic Improvements-proposal will improve county operations.

Evaluation Criteria:

- Proposed issue/strategy identified in the county System Improvement Plan, the county Self-Assessment and/or Peer Quality Case Review.
- Requested funds will be expended in the 2005/2006 Fiscal Year.
- Proposed strategy will either impact a high percentage of children and families or a distinct underserved population.
- Proposed strategy will likely result in stated outcomes/improvements.
- Proposed strategy must be able to be measured.
- Proposal uses CWSOIP funds to leverage/match other available resources.
- Proposed strategy will be implemented in conjunction with other counties and/or other public/private agencies.
- Proposed strategy takes an innovative approach to improving performance or outcomes and the results will inform the county, other counties and the State on the viability of the proposed strategy.

Child Welfare Services Outcome Improvement Project Fiscal Year 2005/06 Funding Application

Instructions

Use the template provided to complete the information outlined below on two pages or less.
(The electronic version of the application on the CDSS website can be filled out online).

1. **County** – Enter the County name.
2. **Contact** – Enter the name, phone number and e-mail address for the person who is designated to respond to questions regarding the proposal.
3. **Proposed Improvement Strategy / Service Gap** – Briefly describe the proposed strategy for improving Child Welfare Services including:
 - a. Concept to be tested.
 - b. Service gap to be addressed.
 - c. Program design.
 - d. Services to be provided.
 - e. How this proposal is consistent with the county's Self Improvement Plan (SIP) and/or information gathered in the county Peer Quality County Review (PQCR).
 - f. Implementation strategy.
4. **Lead Agency/Service Partners** – List organizations that the county will partner with to provide this service noting which agency will take the lead. Note in this section any multi-county effort.
5. **Target Population / Estimated Service Level** – Identify the target population to be served. Enter the estimated number of families and children that will be served.
6. **Outcome Measure(s) / Systemic Factor(s) to be Addressed** – List the outcome measure(s) / systemic factors noting the following for each as appropriate.
 - a. Current performance using the most recent UC Berkeley produced data.
 - b. The degree of improvement expected in FY 2005/06 with the implementation of the proposed service, and
 - c. An explanation of why the proposed service is expected to improve the performance measure.
7. **Assessment Results Tracking and Lessons Learned** – Outline how the effectiveness of the proposed strategy will be tracked and lessons learned identified.
8. **Budget** – Provided the amount and a brief explanation of each budget category along with the total requested.
9. **Expenditure Plan** – Identify how the county will ensure that all funds requested will be expended within the fiscal year.
10. **Funding Support** – Outline any other funding that the county will commit to this effort from other sources. This might include county plans to use Child Abuse Prevention Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and/or Promoting Safe and Stable Families (PSSF) funding, in-kind resources, Proposition 10 Grants, Foundation Grants or any other public or private funding source. Note the source and the amount from each source.
11. **Signature** – Include the county social services director's signature noting the date signed.

Child Welfare Services Outcome Improvement Project Fiscal Year 2005/06 Funding Application

1. County	2. Contact Name: Phone Number: () E-mail Address:	
3. Proposed Improvement Strategy/Service Gap		
4. Lead Agency/Service Partners		
5. Target Population/Estimated Service Level		
Estimated families to be served: Estimated children to be served:		

6. Outcome Measure(s)/Systemic Factor(s) to be Addressed:**7. Assessment-Results Tracking and Lessons Learned:****8. Budget****Total Requested**

County Personnel

Contracted Services

Other

Total

9. Expenditure Plan**10. Funding Support****11. Signature**

Signature: _____

Typed name and title: _____ Date: _____